

INTENT TO ENROLL FORM

| | |
|--------------------|--------------------------------------|
| Purchaser's Name | Contract Number |
| Beneficiary's Name | Beneficiary's Social Security Number |

STUDENT MAILING ADDRESS

| | | | |
|--|---|----------------|--|
| Street Address <i>(include apartment number)</i> | | | |
| City | State | Zip | |
| Daytime Phone <i>(Area Code and Number)</i> | Evening Phone <i>(Area Code and Number)</i> | E-mail Address | |

SCHOOL INFORMATION

| | | | |
|--|--|-------------------------------|---|
| Student intends to enroll during the following: | | | |
| <input type="checkbox"/> Fall quarter/semester | <input type="checkbox"/> Spring quarter/semester | Academic year: | |
| <input type="checkbox"/> Winter quarter/semester | <input type="checkbox"/> Summer quarter/semester | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 |

| | |
|---|--|
| Student intends to enroll in the following Nevada State school: | |
| <input type="checkbox"/> Nevada State College | <input type="checkbox"/> Community College Southern Nevada |
| <input type="checkbox"/> Sierra Nevada College | <input type="checkbox"/> Great Basin College |
| <input type="checkbox"/> University of Nevada, Las Vegas | <input type="checkbox"/> Truckee Meadows Community College |
| <input type="checkbox"/> University of Nevada, Reno | <input type="checkbox"/> Western Nevada Community College |

PRIVATE SCHOOL OR OUT-OF-STATE COLLEGE OR UNIVERSITY INFORMATION

| | | | |
|--|------------|----------------|--|
| Name of college or university intended for enrollment: | | | |
| Billing Contact: | | | |
| Street Address: | | | |
| City | State | Zip | |
| Phone Number | Fax Number | E-mail Address | |

INFORMATION RELEASE AND REFUND CERTIFICATION

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned Purchaser and Beneficiary authorize the Nevada Prepaid Tuition Program and the school listed above to disclose to each other personally identifiable information, including the Beneficiary's Social Security Number and any other account or invoice information necessary to make payment arrangements. The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that non-qualified distributions are subject to penalty. The Purchaser and Beneficiary agree to notify the Nevada Prepaid Tuition Program immediately in writing of any refunds related to any distributions from this account.

Purchaser's Signature

Date

Beneficiary's Signature

Date



PLEASE RETURN THIS FORM NO LATER THAN JUNE 16, 2006,
Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600,
Las Vegas, NV 89101, or fax to 702-486-3246.

Failure to return this form by the date indicated may result in a delay in the processing of your distribution.